HEPATITIS C TREATMENT WITH DIRECT-ACTING ANTIVIRALS FOR PATIENTS IN OPIOID SUBSTITUTION TREATMENT AND HEROIN ASSISTED TREATMENT: REAL-LIFE DATA

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Background: Most of the studies investigating treatment of chronic hepatitis C infection (HCV) with direct-acting antivirals (DAA) exclude people who use illicit drugs. Treating this population is crucial as it is at elevated risk for transmission of the virus and for progression of liver disease. This study provides real life data about HCV treatment with DAAs in an integrated care setting (all-under-one-roof) of a low-threshold opioid substitution treatment (OST) and heroin assisted treatment (HAT) institution in Arud Centers for Addiction Medicine in Zurich, Switzerland.

Methods: All HCV positive patients in OST or HAT in the Arud Centers were assessed for DAA treatment. Primary outcome was 12-week sustained virological response (SVR12).

Results: 50 patients (9 female, 41 male) were treated with DAA between 10/2014 and 11/2016. 10 (20%) are in HAT (intravenous) and 6 (12%) reported ongoing illicit intravenous drug use. The genotype (GT) distribution was as followed: GT1a: 34%, GT1b: 8%, GT1 unknown subtype: 8%, GT2: 2%, GT3: 6%, GT4: 12%. Most of the patients (40/80%) were treatment naïve. The patients were treated with any currently used DAA available in Switzerland.
14 patients have not yet reached 12 weeks after treatment completion. Of the remaining 36 patients, 35 (97%) had SVR12. The patient failing treatment had a relapse after been treated 24 weeks with SOF plus RBV for GT3. He has cirrhosis and no ongoing drug use during treatment.

Conclusions: DAA treatment provided in an all-under-one-roof setting to patients in OST or HAT, including patient with ongoing illicit drug use is feasible.
It allows similar SVR12 rates to previously published DAA-outcomes among selected abstinent population.
HCV care integrated within OST or HAT allows successful treatment provision to this highly affected population.

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